



SAPR Program Services Provided Log

Victim's Name: _____

Contact Information: _____

Victim Advocate's Name: _____

Date of Initial Contact: ____/____/____

<u>Discussed with Victim/Provided to Victim</u>	<u>Date</u>	<u>Date</u>	<u>Date</u>	<u>Date</u>
<input type="checkbox"/> Reporting Options	_____	N/A	N/A	N/A
<input type="checkbox"/> Victim Reporting Preference Statement	_____	N/A	N/A	N/A
<input type="checkbox"/> Medical Processes	_____	_____	_____	_____
<input type="checkbox"/> Investigatory Processes	_____	_____	_____	_____
<input type="checkbox"/> Legal Processes	_____	_____	_____	_____
<input type="checkbox"/> Protective Options (MPO/CPO)	_____	_____	_____	_____
<input type="checkbox"/> Ongoing Advocacy	_____	_____	_____	_____
<input type="checkbox"/> Counseling Resources	_____	_____	_____	_____
<input type="checkbox"/> Collateral Misconduct	_____	_____	_____	_____
<input type="checkbox"/> Victim Rights	_____	_____	_____	_____
<input type="checkbox"/> Civilian Victim Compensation	_____	_____	_____	_____
<input type="checkbox"/> Trauma Response	_____	_____	_____	_____
<input type="checkbox"/> Civilian SA Resources	_____	_____	_____	_____
<input type="checkbox"/> Monthly Case Update	_____	_____	_____	_____
<input type="checkbox"/> Other _____	_____	_____	_____	_____
<input type="checkbox"/> Other _____	_____	_____	_____	_____
<input type="checkbox"/> Other _____	_____	_____	_____	_____

Services Requested by Victim/ Services Victim Referred To

	<u>Date</u>	<u>Date</u>	<u>Date</u>	<u>Date</u>
<input type="checkbox"/> FAP	_____	_____	_____	_____
<input type="checkbox"/> Chaplain	_____	_____	_____	_____
<input type="checkbox"/> Medical (Military)	_____	_____	_____	_____
<input type="checkbox"/> Medical (Civilian)	_____	_____	_____	_____
<input type="checkbox"/> Medical Follow-Up Care (Military)	_____	_____	_____	_____
<input type="checkbox"/> Medical Follow-Up Care (Civilian)	_____	_____	_____	_____
<input type="checkbox"/> Medical Forensic Exam (Military)	_____	_____	_____	_____
<input type="checkbox"/> Medical Forensic Exam (Civilian)	_____	_____	_____	_____
<input type="checkbox"/> Counseling (Military)	_____	_____	_____	_____
<input type="checkbox"/> Counseling (Civilian)	_____	_____	_____	_____
<input type="checkbox"/> Law Enforcement (Military)	_____	_____	_____	_____
<input type="checkbox"/> Law Enforcement (Civilian)	_____	_____	_____	_____
<input type="checkbox"/> Legal (Military)	_____	_____	_____	_____
<input type="checkbox"/> Legal (Civilian)	_____	_____	_____	_____
<input type="checkbox"/> Other _____	_____	_____	_____	_____
<input type="checkbox"/> Other _____	_____	_____	_____	_____
<input type="checkbox"/> Other _____	_____	_____	_____	_____

RRCN (Restricted only) _____

CID/Law Enforcement Incident Number (Unrestricted only) _____

Accompany victim

	<u>Date</u>	<u>Date</u>	<u>Date</u>	<u>Date</u>
<input type="checkbox"/> Medical (Military)	_____	_____	_____	_____
<input type="checkbox"/> Medical (Civilian)	_____	_____	_____	_____
<input type="checkbox"/> Counseling (Military)	_____	_____	_____	_____
<input type="checkbox"/> Counseling (Civilian)	_____	_____	_____	_____
<input type="checkbox"/> Investigations (Military)	_____	_____	_____	_____
<input type="checkbox"/> Investigations (Civilian)	_____	_____	_____	_____
<input type="checkbox"/> Legal (Military)	_____	_____	_____	_____
<input type="checkbox"/> Legal (Civilian)	_____	_____	_____	_____
<input type="checkbox"/> Court (Military)	_____	_____	_____	_____
<input type="checkbox"/> Court (Civilian)	_____	_____	_____	_____
<input type="checkbox"/> Other Appointments _____	_____	_____	_____	_____
<input type="checkbox"/> Other Appointments _____	_____	_____	_____	_____
<input type="checkbox"/> Other Appointments _____	_____	_____	_____	_____

Actions taken

	<u>Date</u>	<u>Date</u>	<u>Date</u>	<u>Date</u>
<input type="checkbox"/> Safety Assessment	_____	_____	_____	_____
<input type="checkbox"/> Safety Planning	_____	_____	_____	_____
<input type="checkbox"/> Referral for Imminent Danger Assessment	_____	_____	_____	_____
<input type="checkbox"/> Contact Law Enforcement	_____	_____	_____	_____
<input type="checkbox"/> Civilian Protective Order (CPO) Assistance	_____	_____	_____	_____
<input type="checkbox"/> CDR met with Victim w/in 24 hours of SA?	_____	_____	_____	_____
<input type="checkbox"/> CDR Military Protective Order (MPO)	_____	_____	_____	_____
<input type="checkbox"/> CDR Relocation	_____	_____	_____	_____
<input type="checkbox"/> CDR Reassignment	_____	_____	_____	_____
<input type="checkbox"/> CDR Transportation	_____	_____	_____	_____
<input type="checkbox"/> CDR Unit Response	_____	_____	_____	_____
<input type="checkbox"/> Other _____	_____	_____	_____	_____
<input type="checkbox"/> Other _____	_____	_____	_____	_____
<input type="checkbox"/> Other _____	_____	_____	_____	_____

Services Provided to the Victim

	<u>Date</u>	<u>Date</u>	<u>Date</u>	<u>Date</u>
<input type="checkbox"/> Face to Face Contact	_____	_____	_____	_____
<input type="checkbox"/> Telephone Contact	_____	_____	_____	_____
<input type="checkbox"/> Collateral Contact	_____	_____	_____	_____
<input type="checkbox"/> After hours crisis intervention	_____	_____	_____	_____
<input type="checkbox"/> Quarterly follow up	_____	_____	_____	_____
<input type="checkbox"/> Transporting Victim (Emergency Only)	_____	_____	_____	_____

RRCN (Restricted only) _____

CID/Law Enforcement Incident Number (Unrestricted only) _____